



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

STEVEN AFRIAT

*PRESIDENT*

RENÉE CAMPBELL

*VICE-PRESIDENT*

SARA VASQUEZ

*SECRETARY*

JAMES BARGER

*COMMISSIONER*

SHAN LEE

*COMMISSIONER*

July 25, 2013

Gerald R. Baque  
Thomas Baque  
Baque Bros. Concessions  
19848 Camino De Rosa  
Walnut, CA 91789

### **HEARING ON APPLICATION FOR CARNIVAL BUSINESS LICENSE ID #140095**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, August 14, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE : Z 91085

NEWSPAPER : .....XXXXXX

PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE: .....XXXXXX  
2<sup>ND</sup> PUBLISHING DATE: .....XXXXXX  
3<sup>RD</sup> PUBLISHING DATE: .....XXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

CARNIVAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: .....19848 CAMINO DE ROSE  
WALNUT, CA 91789  
NAME OF APPLICANT: .....BAQUE BROS. CONCESSIONS  
GERALD R. BAQUE/ THOMAS BAQUE  
DATE OF HEARING: .....08/14/2013  
TIME OF HEARING: .....09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE  
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION  
500 W. TEMPLE STREET, RM 374  
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: CARNIVAL

ADDRESS OF BUSINESS: 19848 CAMINO DE ROSE, WALNUT, CA 91789

TELEPHONE: (909) 595-2734

OWNER OF BUSINESS: GERALD R BAQUE

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAQUE BROS CONCESSIONS

MAILING ADDRESS: P.O. BOX 2417, RANCHO CUCAMONGA, CA 91729

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	03/06/13	dmiles
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/11/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input checked="" type="checkbox"/> 12. Public Works - EPD	YES	06/12/13	dmiles
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/24/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 140095

BUSINESS INFORMATION

Type of Business: <u>Carnival</u>	Address of Business: <u>19848 Camino De Rosa Walnut Ca 91789</u>	
	Business Telephone: <u>909 595 2734</u>	
DBA (Business Name): <u>Bague Bros Concessions</u>	Mailing Address: <u>P.O. Box 2417 Rancho Cucamonga Ca 91729</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>Gerald Bague</u>		<u>OWNER</u>
<u>Thomas Bague</u>		

APPLICANT INFORMATION

Applicant's Full Name: <u>Gerald Ray Bague</u>		
Home Address: _____		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth: <u>Pomona Ca</u>
Driver's License or State ID#: <u>ND 120014</u>		Expiration Date: <u>1/30/2016</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 3/1/13 Applicant's Signature: [Signature]

Application taken by: DMB Date: 3-01-2013

If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline  
1-800-544-6861



## Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # \_\_\_\_\_

## BUSINESS INFORMATION

Type of Business: <b>CARNIVAL</b>	Address of Business: _____ Business Telephone: <b>909 595-2739</b>	
DBA (Business Name): _____	Mailing Address: <b>P.O. Box 2417 Pomona, CA 91768</b>	
Sellers Permit # (State Board of Equalization): _____		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: _____	Incorporated in the State of: _____	
Exact Corporate Name: _____		
Names of Officers	Addresses	Titles
<b>THOMAS EDWARD RABLE</b>		<b>OWNER</b>
<b>ROBERT RABLE</b>		

## APPLICANT INFORMATION

Applicant's Full Name: <b>THOMAS EDWARD RABLE</b>		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: <b>POMONA CA</b>
Driver's License or State ID#: _____		Expiration Date: ____/____/____
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: ____	Weight: ____
Hair Color: ____		Eye Color: ____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **3-1-13** Applicant's Signature: **Tom Rable**Application taken by: **DMB** Date: **03-01-2013**



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: CARNIVAL

ADDRESS OF BUSINESS: 19848 CAMINO DE ROSE, WALNUT, CA 91789

TELEPHONE: (909) 595-2734

OWNER OF BUSINESS: GERALD R BAQUE

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAQUE BROS CONCESSIONS

MAILING ADDRESS: P.O. BOX 2417, RANCHO CUCAMONGA, CA 91729

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Risk Management Approval.  
Meets requirements

SIGNATURE: Kerry Fuso

DATE: 3/5/2013

03/05/2013 12:00:00 PM  
COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: CARNIVAL

ADDRESS OF BUSINESS: 19848 CAMINO DE ROSE, WALNUT, CA 91789

TELEPHONE: (909) 595-2734

OWNER OF BUSINESS: GERALD R BAQUE

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAQUE BROS CONCESSIONS

MAILING ADDRESS: P.O. BOX 2417, RANCHO CUCAMONGA, CA 91729

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

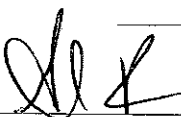
Gerald R Baque

TREASURER & TAX COLLECTOR  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: 

DATE: 4-11-13

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: CARNIVAL

ADDRESS OF BUSINESS: 19848 CAMINO DE ROSE, WALNUT, CA 91789

TELEPHONE: (909) 595-2734

OWNER OF BUSINESS: GERALD R BAQUE

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAQUE BROS CONCESSIONS

MAILING ADDRESS: P.O. BOX 2417, RANCHO CUCAMONGA, CA 91729

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

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**ENVIRONMENTAL PROGRAMS  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

913-00399

KIND OF BUSINESS: CARNIVAL

ADDRESS OF BUSINESS: 19848 CAMINO DE ROSE, WALNUT, CA 91789

TELEPHONE: (909) 595-2734

OWNER OF BUSINESS: GERALD R BAQUE &

CAL. DR. LIC.#:

THOMAS BAQUE 913-00398

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BAQUE BROS CONCESSIONS

MAILING ADDRESS: P.O. BOX 2417, RANCHO CUCAMONGA, CA 91729

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT  
LA COUNTY

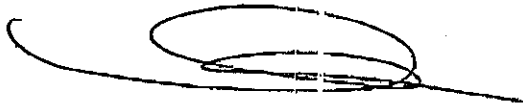
X APPROVAL

DENIAL

RECOMMENDATION:

Approved

SIGNATURE:



DATE:

4/23/13

BASIC LICENSE NO. 0331

DATE 03/05/13

IDENTIFICATION NUMBER 140095